San Bernardino County Transitional Assistance

KEYS RESULTS TO TAD

(For Knowledge and Education for Your Success (KEYS) Housing Support Program (HSP) Results)

From:	Districts 01 & 02 MHODGE@KEYSNONF	DPOEIT com	Districts 15 & 25 MHODGE@KEYSNONPROFIT.com	
	Districts 04, 24, 09, 79	-ROFIT.com	Districts 08, 48, 06, 10	
	MHODGE@KEYSNONF	PROFIT.com	MHODGE@KEYSNONPROFIT.com	
	District 07 MHODGE@KEYSNONF	PROFIT com	District 18 MHODGE@KEYSNONPROFIT.com	
	District 09	<u> </u>	Districts 19 & 39	
	MHODGE@KEYSNONF	PROFIT.com	MHODGE@KEYSNONPROFIT.com	
Always include the Intake Specialist	☐ Intake@KEYSNON	Intake@KEYSNONPROFIT.com		
То:	Phone Number: () -			
District:	E-mail address: _	@hss.sbcou	unty.gov	
Section 1: Customer Information				
Customer Name:				
Last	First		M.I.	
Case Number:				
Address:				
Street			Apt. #	
City			Zip Code	
Phone Number: () —				
☐ Check if new address due to HSP approval				
Section 2: HSP Status				
☐ Approved	Date: / /	Move in date: / /		
☐ Denied	Date: / /	more in a		
☐ Not considered homeles	s Reason:			
☐ Not receiving CalWORK	3			
☐ Withdrew/Cancelled	Why:			
Other criteria not met	Reason:			
Section 3: HSP Payments				
Monthly rent amount: \$				
Rent paid: \$ for / \$ for / \$ for /				
Utilities included? Yes No If yes, what:				
Others living at this address (First & Last name & Relationship):				
Section 4: Comments				